

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

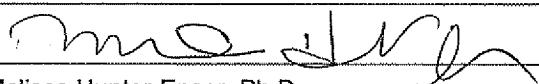
(to be used for all correspondence after initial filing)

		Application Number	10/696,391-Conf. #6371
		Filing Date	October 28, 2003
		First Named Inventor	Jeffrey M. Isner
		Art Unit	1633
		Examiner Name	Q. Nguyen
Total Number of Pages in This Submission	16	Attorney Docket Number	47624CIP(71417)

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Melissa Hunter-Ensor, Ph.D.		
Date	September 25, 2008	Reg. No.	55,289

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
		Application Number	10/696,391-Conf. #6371
		Filing Date	October 28, 2003
		First Named Inventor	Jeffrey M. Isner
		Examiner Name	Q. Nguyen
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1633
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$ 1,050.00)	
		Attorney Docket No.	47624CIP(71417)

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer &amp; Dodge LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments					

<b>FEE CALCULATION</b>																							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>																		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>																
Utility	310	155	510	255	210	105	_____																
Design	210	105	100	50	130	65	_____																
Plant	210	105	310	155	160	80	_____																
Reissue	310	155	510	255	620	310	_____																
Provisional	210	105	0	0	0	0	_____																
<b>2. EXCESS CLAIM FEES</b>																							
<b>Fee Description</b>																							
Each claim over 20 (including Reissues) <b>Fee (\$)</b> 50 <b>Fee (\$)</b> 25																							
Each independent claim over 3 (including Reissues) <b>Fee (\$)</b> 210 <b>Fee (\$)</b> 105																							
Multiple dependent claims <b>Fee (\$)</b> 370 <b>Fee (\$)</b> 185																							
<table border="1"> <tr> <td><b>Total Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td colspan="4"><b>Multiple Dependent Claims</b></td> </tr> <tr> <td>- 20 =</td> <td>x</td> <td>=</td> <td></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td colspan="2"></td> </tr> </table>								<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>				- 20 =	x	=		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>																			
- 20 =	x	=		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																		
HP = highest number of total claims paid for, if greater than 20.																							
<table border="1"> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td colspan="4"></td> </tr> <tr> <td>- 3 =</td> <td>x</td> <td>=</td> <td></td> <td colspan="4"></td> </tr> </table>								<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>					- 3 =	x	=					
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- 3 =	x	=																					
HP = highest number of independent claims paid for, if greater than 3.																							
<b>3. APPLICATION SIZE FEE</b>																							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																							
<table border="1"> <tr> <td><b>Total Sheets</b></td> <td><b>Extra Sheets</b></td> <td><b>Number of each additional 50 or fraction thereof</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>- 100 =</td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td></td> </tr> </table>								<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	- 100 =	/50 =	(round up to a whole number) x	=							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																			
- 100 =	/50 =	(round up to a whole number) x	=																				
<b>4. OTHER FEE(S)</b>																							
Non-English Specification, \$130 fee (no small entity discount)																							
Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u> <b>Fee Paid (\$)</b> <u>1,050.00</u>																							

<b>SUBMITTED BY</b>					
Signature			Registration No. (Attorney/Agent)	55,289	Telephone
Name (Print/Type)	Melissa Hunter-Ensor, Ph.D.		(617) 517-5580		
			Date	September 25, 2008	